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FILED
May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000005419 (4)

1. Corporation Name
BOBBI BROWN PROFESSIONAL COSMETICS SERVICES INC.



Principal Place of Business
600 MADISON AVE
NY NY 10022

Mailing Address
600 MADISON AVE
NY NY 10022-1615

3. Date Incorporated or Qualified
10/18/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
11-3315192

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCEO ☐ DELETE
NAME BROWN, BOBBI
STREET ADDRESS 600 MADISON AVE
CITY-ST-ZIP NY NY 10022

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DP ☐ DELETE
NAME LANDIS, ROSALIND
STREET ADDRESS 600 MADISON AVE
CITY-ST-ZIP NY NY 10022

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DV ☐ DELETE
NAME BIGLER, ROBERT J
STREET ADDRESS 125 PINELAWN RD
CITY-ST-ZIP MELVILLE NY 11747-3135

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE CFO ☐ DELETE
NAME BIGLER, ROBERT J
STREET ADDRESS 125 PINELAWN RD
CITY-ST-ZIP MELVILLE NY 11747-3135

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DVS ☐ DELETE
NAME MAGRAM, SAUL H
STREET ADDRESS 767 5TH AVE
CITY-ST-ZIP NY NY 10153

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DV ☐ DELETE
NAME LAUDER, WILLIAM P
STREET ADDRESS 767 5TH AVE
CITY-ST-ZIP NY NY 10153

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JAMES PORRETTO
ASSISTANT SECRETARY

4/28/97 (S16) 531-1324